

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/23/03.

I. DISPUTE

Whether reimbursement is recommended for CPT code 95851 for date of service 10/10/02. The carrier denied services as "N-Not documented".

II. FINDINGS

Requestor submitted a letter indicating that the carrier has made adequate payment for all dates of service with the exception of CPT code 95851 for date of service 10/10/02.

III. RATIONALE

- Requestor billed \$36.00 for one body area and MAR for CPT 95851 code is \$36.00 per body area. Requestor submitted relevant information indicating services were delivered per the MFG.

Therefore, reimbursement is recommended.

IV. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 95851. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$36.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision and Order are hereby issued this 8th day of April 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb